

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 3-6-03.

I. DISPUTE

Whether there should be reimbursement for CPT codes: 95935-26, 95900-26 and 95904-26.

II. FINDINGS & RATIONALE

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
7-1-02	95935-26 (X4)	\$63.60	\$31.80	F	\$53.00/ extremity	Modifier -26 Medicine GR (IV)(B)	The claimant's symptomatology was right wrist pain that radiates down to the third digit of the right hand and upward to the biceps muscle of the right arm...studies are performed on the left and the right side for comparative interpretation. Per Medicine GR (IV)(B)(2)(b), reimbursement for testing of right upper extremity is supported. The MFG allows reimbursement of $\$53.00 \times 30\% = \15.90 . The insurance carrier did not request a refund timely; therefore, a refund of \$15.90 is not recommended.
	95900-26 (X4)	\$76.80	\$38.40	G	\$64.00/ nerve X $30\% = \$19.20$	Medicine GR (IV)	NCV report supports testing of 4 nerves, Median and Ulnar nerves bilaterally. NCV was not global to any other service provided on this date. The MFG MAR is $\$19.20 \times 4 = \76.80 . The difference between amount paid and amount due is \$38.40.
	95904-26 (X6)	\$115.20	\$19.20	G	\$64.00 / nerve X $30\% = \$19.20$	Medicine GR (IV)	NCV report supports testing of 6 nerves, Median, Ulnar and Radial nerves bilaterally. The MFG MAR is $\$19.20 \times 6 = \115.20 . The difference between amount paid and due = \$96.00.
TOTAL							The requestor is entitled to reimbursement of \$134.40

IV. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement for CPT codes (95935-26, 95900-26 and 95904-26) in the amount of **\$134.40**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$134.40** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 8th day of April 2004.

Elizabeth Pickle
Medical Dispute Resolution Officer
Medical Review Division